

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1411

STATE FILE NUMBER **63-047094**

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

M.E. Grimes

FILED DEC 18 1963

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph

Length of stay in 1b
29 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Railroad Crossing
Saxton & Leonard Rds.

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3420 Leonard Rd.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

JEANSIE

ANN

JONES

4. DATE OF DEATH
Month Day Year
November 28, 1963

5. SEX
female

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/9/1918

9. AGE (last birthday)
45

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
conveyor

10b. KIND OF BUSINESS OR INDUSTRY
Cable Co.

11. BIRTHPLACE (City and state or country)
Alexandria, Nebr.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Fred H. Willmore

13b. MOTHER'S MAIDEN NAME

Lula Brinegar

14. NAME OF HUSBAND OR WIFE

William A. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
unknown

17. INFORMANT
Richard Wright, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe Multiple Injuries

INTERVAL BETWEEN
ONSET AND DEATH
Stat

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

R. R. train -- car

20c. TIME OF INJURY
Hour Month, Day, Year
11:30 a.m. 11/28/63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
railroad crossing

20f. CITY, TOWN, OR LOCATION
St. Joseph

COUNTY
Buchanan

STATE
Mo

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at 11:30 a. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
12/1/63

23c. NAME OF CEMETERY OR CREMATORY
Antioch Cemetery

23d. LOCATION (City, town, or county) (State)
Gower Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hixson Funeral Home, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 17, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

USE BLACK INK
OR
TYPEWRITER RIBBON

2000-1-1-10

2000-1-1-10

Permit issued 11-28-65

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morris L. Bailey

Licensed Embalmer No. 4887

P. O. Address Leithsburg, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.